

QUIZ NAVIGATION



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Started on	Saturday, 12 October 2024, 2:51 AM
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Completed on	Saturday, 12 October 2024, 2:55 AM
Time taken	4 mins 3 secs
Grade	7.00 out of 10.00 (70%)

Question 1

ID: 49956

Correct

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THE NEXT THREE QUESTIONS INCLUSIVE REFER TO THE FOLLOWING:

GA is a 39-year-old female that presents with acute agitation and restlessness. You notice that she is clenching her fists and pacing back and forth as she is talking to you. She recently went through a difficult divorce and finds some solace in running and reading mystery novels. She does not drink alcohol but is currently a smoker and especially likes to smoke in times of stress. Upon investigation, you find out that GA has had manic episodes in her past. She tells you that she has no drug coverage after the divorce and is not doing well financially.

All of the following factors increase GA's risk for developing acute agitation, **EXCEPT**:

Select one:

- ☐ GA's pre-existing mania ✖
- ☐ GA's difficult divorce ✖
- ☒ Avoiding alcohol consumption ✔
- ☐ GA's financial stresses ✖

Rose Wang (ID:113212) this answer is correct. Alcohol withdrawal or intoxication can increase the risk of developing agitation. GA does not drink alcohol so this is not a concern.

Correct

Marks for this submission: 1.00/1.00.

TOPIC: Acute Agitation

LEARNING OBJECTIVE:

To identify patient risk factors for developing acute agitation.

BACKGROUND:

Acute agitation is defined as a "state of anxiety and restlessness that can be related to psychiatric or medical causes. Symptoms of acute agitation include:

- Anxiety
- Confusion
- Motor restlessness
- Tense posture

For the well-being and safety of patients and caregivers, agitated patients must be treated quickly, effectively, and safely. Risk factors for the development of acute agitation include:

- Pre-existing psychiatric conditions
- Substance abuse
- Substance withdrawal
- Social stressors
- Grief

There are many medication-related causes of acute agitation. These include adverse effects of anticholinergics, opioid use/intoxication/withdrawal, benzodiazepine withdrawal, amphetamine abuse, corticosteroids, amantadine, histamine H2-receptor blockers, dopamine or dopamine agonists. Non-drug causes of acute agitation include:

Common Causes of Acute Agitation

Toxicologic	Neurologic	Medical	Psychiatric
<ul style="list-style-type: none">▪ Alcohol intoxication or withdrawal▪ Stimulant intoxication	<ul style="list-style-type: none">▪ Stroke▪ CNS infection▪ Seizure▪ Dementia	<ul style="list-style-type: none">▪ Hyperthyroidism▪ Hypoglycemia▪ Hypoxia▪ Shock▪ AIDS	<ul style="list-style-type: none">▪ Psychosis▪ Schizophrenia▪ Paranoid delusions

- Intracranial lesion

- Hypothermia
- Hyperthermia

- Personality disorder

Non-pharmacological therapy is the mainstay of therapy, especially for patients with dementia. Non-pharmacological therapy focuses on verbal de-escalation by respecting their space, using simple language, speak in a calm environment, and make sure you assure the individual they are in a safe environment.

RATIONALE:

Correct Answer:

- **Avoiding alcohol consumption** - Alcohol withdrawal or intoxication can increase the risk of developing agitation. GA does not drink alcohol so this is not a concern.

Incorrect Answers:

- **GA's pre-existing mania** - Pre-existing psychiatric conditions such as mania are risk factors for acute agitation.
- **GA's difficult divorce** - Social stressors such as divorce are risk factors for acute agitation.
- **GA's financial stresses** - Social stressors such as home (finances), work and school are risk factors for acute agitation.

TAKEAWAY/KEY POINTS:

The risk factors for acute agitation include pre-existing psychiatric conditions, substance abuse, substance withdrawal, social stresses and grief.

REFERENCE:

[1] Wilson MP, Pepper D, Currier GW, Holloman GH, Feifel D. The psychopharmacology of agitation: consensus statement of the American Association for Emergency Psychiatry Project Beta psychopharmacology workgroup. West J Emerg Med. 2012;13(1):26-34. doi:10.5811/westjem.2011.9.6866. The correct answer is: Avoiding alcohol consumption

Question 2

ID: 49957

Correct

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Which of the following pharmacological therapies are most appropriate for short-term control of GA's agitation at this time?

Select one:

☐ Initiate IM olanzapine ✗

☒ Initiate PO olanzapine ✓

Rose Wang (ID:113212) this answer is correct. This is the most appropriate short-term recommendation for GA's agitation given her psychiatric history.

☐ Initiate IM haloperidol + PO lorazepam ✗

☐ Initiate PO triazolam ✗

Correct

Marks for this submission: 1.00/1.00.

TOPIC: Acute agitation

LEARNING OBJECTIVE:

To recommend the most appropriate therapy for acute agitation based on patient factors and conditions.

BACKGROUND:

Pharmacological therapy includes three main medication classes:

Pharmacological Treatment of Acute Agitation

Benzodiazepines	Lorazepam, Midazolam	Preferred for agitation from CNS stimulant intoxication, alcohol withdrawal, and undifferentiated agitation (without symptoms/history of psychosis) or in violent patient
First-Generation Antipsychotics	Haloperidol, loxapine	Preferred for agitation with a known psychiatric disorder or CNS depressant intoxication, in violent patients or in undifferentiated agitation (with symptoms/history of psychosis)
Second Generation Antipsychotics	Olanzapine, risperidone, ziprasidone	Can be used for agitation with a known psychiatric disorder, in cooperative patients, in patients with undifferentiated agitation (with symptoms/history of psychosis), in patients who develop psychosis from amphetamine use. Olanzapine cannot be given with parenteral benzodiazepines. Second-generation antipsychotics have a more favourable side effect profile in acute agitation than first-generation antipsychotics.

RATIONALE:

RATIONALE:

Correct Answer:

- **Initiate PO olanzapine** - This is the most appropriate short-term recommendation for GA's agitation given her psychiatric history.

Incorrect Answers:

- **Initiate IM olanzapine** - An oral antipsychotic should be tried first as we have no reason to believe GA is uncooperative.
- **Initiate IM haloperidol + PO lorazepam** - Combination therapy is not the best option for GA in this situation as an oral antipsychotic has yet to be tried and she is not showing severe signs of agitation/violence.
- **Initiate PO triazolam** - A benzodiazepine is not the best option given GA's psychiatric history.

TAKEAWAY/KEY POINTS:

The 1st line pharmacological option for acute agitation in patients with a known psychiatric disorder is an oral second-generation antipsychotic. If patients are unable to take medications orally, an intramuscular route of administration should be considered.

REFERENCE:

[1] Wilson MP, Pepper D, Currier GW, Holloman GH, Feifel D. The psychopharmacology of agitation: consensus statement of the American Association for Emergency Psychiatry Project Beta psychopharmacology workgroup. West J Emerg Med. 2012;13(1):26-34. doi:10.5811/westjem.2011.9.6866.

The correct answer is: Initiate PO olanzapine

Question 3

ID: 49959

Incorrect

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GA has started oral olanzapine therapy.

All of the following are side effects caused by GA's new antipsychotic medication, **EXCEPT**:

Select one:

- ☐ Sedation ✗
- ☐ Constipation ✗
- ☒ Respiratory depression ✓
- ☐ Dry mouth ✗

Rose Wang (ID:113212) this answer is incorrect. Dry mouth is one of the side effects of olanzapine.

Incorrect

Marks for this submission: 0.00/1.00.

TOPIC: Acute Agitation

LEARNING OBJECTIVE:

To recommend the most appropriate therapy for acute agitation based on patient factors and conditions.

BACKGROUND:

Side effects of olanzapine include akathisia, extrapyramidal symptoms (EPS), neuroleptic malignant syndrome, sedation, weight gain, constipation and dry mouth. This medication increases the effects of other CNS depressants and antagonizes dopamine agonists. Olanzapine is not known to cause respiratory depression.

RATIONALE:

Correct Answer:

- **Respiratory depression** - Respiratory depression is not one of the side effects of olanzapine.

Incorrect Answers:

- **Sedation** - Sedation is one of the side effects of olanzapine.
- **Constipation** - Constipation is one of the side effects of olanzapine.
- **Dry mouth** - Dry mouth is one of the side effects of olanzapine.

TAKEAWAY/KEY POINTS:

Respiratory depression is not a known side effect of olanzapine.

REFERENCE:

[1] Wilson MP, Pepper D, Currier GW, Holloman GH, Feifel D. The psychopharmacology of agitation: consensus statement of the American Association for Emergency Psychiatry Project Beta Psychopharmacology Workgroup. West J Emerg Med. 2012;13(1):26-34. doi:10.5811/westjem.2011.9.6866.

The correct answer is: Respiratory depression

Question 4

ID: 49961

Incorrect

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THE NEXT TWO QUESTIONS REFER TO THE FOLLOWING:

MF is a 72 year old male with Alzheimer's disease who recently fell in his bathtub and fractured his ankle. He is feeling more upset than usual, especially after the recent death of his wife. He presents acutely agitated, aggressive and frustrated with his current situation. His medication list is as follows:

- Donepezil 10 mg PO at bedtime
- Amlodipine 10 mg PO OD
- Levothyroxine 125 mcg PO OD
- Clopidogrel 75 mg PO at bedtime
- Hydromorphone 2 mg Q2H PRN

Which of the following non-pharmacological therapies can be helpful for MF's agitation?

Select one:

- ☒ Verbal de-escalation ✓
- ☐ Vigorous exercise ✗
- ☐ Cognitive behavioural therapy ✗
- ☐ Physiotherapy for his ankle ✗

Rose Wang (ID:113212) this answer is incorrect. This is not one of the non-pharmacological therapies recommended for acute agitation.

Incorrect

Marks for this submission: 0.00/1.00.

TOPIC: Acute Agitation

LEARNING OBJECTIVE:

To understand the non-pharmacological therapies for acute agitation.

BACKGROUND:

Non-pharmacological therapy is the mainstay of therapy, especially for patients with dementia. Non-pharmacological therapy focuses on verbal de-escalation by respecting their space, using simple language, speaking in a calm environment, and assuring the individual they are in a safe environment.

RATIONALE:**Correct Answer:**

- **Verbal de-escalation** - Verbal de-escalation is the recommended non-pharmacological therapy for acute agitation.

Incorrect Answers:

- **Vigorous exercise** - This is not one of the non-pharmacological therapies recommended for acute agitation.
- **Cognitive behavioural therapy** - This is not one of the non-pharmacological therapies recommended for acute agitation.
- **Physiotherapy for his ankle** - This is not one of the non-pharmacological therapies recommended for acute agitation.

TAKEAWAY/KEY POINTS:

In elderly patients with dementia, the focus should be on using non-pharmacological therapies and verbal de-escalation to address acute agitation.

REFERENCE:

[1] Wilson MP, Pepper D, Currier GW, Holloman GH, Feifel D. The psychopharmacology of agitation: consensus statement of the American Association for Emergency Psychiatry Project Beta psychopharmacology workgroup. West J Emerg Med. 2012;13(1):26-34. doi:10.5811/westjem.2011.9.6866.

The correct answer is: Verbal de-escalation

Question 5

ID: 49966

Correct

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After verbal approaches and behavioural therapies have been unsuccessful in managing MF's agitation and aggression, you decide to initiate pharmacological therapy.

Which of the following do you recommend?

Select one:

- ☒ Risperidone PO ✓
- ☐ Haloperidol PO ✗
- ☐ Lorazepam PO ✗
- ☐ Trazodone PO ✗

Rose Wang (ID:113212) this answer is correct. Risperidone has a favourable effect on agitation, aggression and other behavioural symptoms associated with Alzheimer's disease.

Correct

Marks for this submission: 1.00/1.00.

TOPIC: Acute Agitation

LEARNING OBJECTIVE:

To understand the pharmacological treatment options in acute agitation for patients with dementia.

BACKGROUND:

Use antipsychotics for the shortest duration possible. Risperidone has evidence of benefit in treating agitation, aggression, and other behavioural symptoms associated with Alzheimer's disease. The lowest dose should be used for the shortest duration possible due to the increased risk of stroke and death in elderly patients using antipsychotics.

RATIONALE:

Correct Answer:

- **Risperidone PO** - Risperidone has a favorable effect on agitation, aggression, and other behavioural symptoms associated with Alzheimer's disease.

Incorrect Answers:

- **Haloperidol PO** - Although haloperidol can be effective in reducing aggression in patients with dementia, its routine use in this setting is not recommended.
- **Lorazepam PO** - Benzodiazepines should be avoided in elderly patients and those with dementia.
- **Trazodone PO** - Trazodone is not a recommended pharmacological option for acute agitation.

TAKEAWAY/KEY POINTS:

Second-generation antipsychotics are used more frequently than first-generation antipsychotics because their side effect profile is more favorable. Risperidone treats agitation, aggression, and other behavioural symptoms linked to Alzheimer's disease.

REFERENCE:

[1] Wilson MP, Pepper D, Currier GW, Holloman GH, Feifel D. The psychopharmacology of agitation: consensus statement of the American Association for Emergency Psychiatry Project Beta Psychopharmacology Workgroup. West J Emerg Med. 2012;13(1):26-34. doi:10.5811/westjem.2011.9.6866.

The correct answer is: Risperidone PO

Question 6

ID: S0072

Correct

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THE NEXT 5 QUESTIONS INCLUSIVE REFER TO THE FOLLOWING CASE:

RF is an 82-year-old female presenting to your clinic with her daughter. RF's daughter says her mom has been acting differently the last 2 days, she has been confused, anxious, restless, and is always clenching her fists and often pacing. RF's daughter explains that her father passed away a month ago and her mom has been sleeping and watching more television since the loss. RF's past medical history is significant for type II diabetes, hypertension, COPD, hyperthyroidism, and anemia. RF's medications include:

- Tiotropium/olodaterol 2.5mcg 2 inhalations daily
- Metformin 1000 mg BID
- Sitagliptin 25 mg daily
- Glucoside ER 60 mg daily
- Amlodipine 10 mg daily
- Ferrous gluconate 300 mg daily
- Vitamin D 1000 units daily
- Calcium 1250mg BID
- Salbutamol 100 mcg 2 puffs q4h PRN

RF developed an exacerbation of her COPD four days ago and was prescribed around-the-clock salbutamol and ipratropium as well as prednisone 50 mg daily x 5 days. RF's daughter says her mother's breathing is much better, the main concern is the new changes in her mother's mood.

Laboratory Parameters

Parameter	Value
HbA1C	7.1%
Blood glucose	8.2 mmol/L
Blood pressure	134/ 65 mmHg
Sodium	134 mmol/L (136-145mmol/L)
Potassium	3.7 mmol/L (3.5-5.0 mmol/L)
Magnesium	0.87 mmol/L (1.6-2.6mmol/L)
White blood cells	8.4 x 10 ⁹ /L (4.5 to 11.0 x 10 ⁹ /L)
Hemoglobin	111 g/L (120-160g/L females)
TSH	< 0.5 mIU/L (0.5-4mIU/L)
Free T4	25 pmol/L (10.3-23.2pmol/L)

What is a risk factor RF has for acute agitation?

Select one:

- ☐ Advanced age ✖
- ☒ Recent loss of her husband ✔
- ☐ Sedentary lifestyle ✖
- ☐ Gender ✖

Rose Wang (ID:113212) this answer is correct. Grief and social stress is a risk factor for the development of acute agitation.

Correct

Marks for this submission: 1.00/1.00.

TOPIC: Acute Agitation

LEARNING OBJECTIVE:

To recognize risk factors for acute agitation.

BACKGROUND:

Acute agitation is defined as a "state of anxiety and restlessness that can be related to psychiatric or medical causes". Symptoms of acute agitation include:

- Anxiety
- Confusion
- Motor restlessness
- Tense posture

For the well-being and safety of patients and caregivers, patients must be treated quickly, effectively, and safely. Risk factors for the development of acute agitation include:

- Pre-existing psychiatric conditions
- Substance abuse
- Substance withdrawal
- Social stressors
- Grief

There are many medication-related causes of acute agitation. These include adverse effects of anticholinergics, opioid intoxication or withdrawal, benzodiazepine withdrawal, corticosteroids, amantadine, dopamine or dopamine agonists. Non-drug causes of acute agitation include:

Common Causes of Acute Agitation

Toxicologic	Neurologic	Medical	Psychiatric
<ul style="list-style-type: none">▪ Alcohol intoxication or withdrawal▪ Stimulant intoxication	<ul style="list-style-type: none">▪ Stroke▪ CNS infection▪ Seizure▪ Dementia▪ Intracranial lesion	<ul style="list-style-type: none">▪ Hyperthyroidism▪ Hypoglycemia▪ Hypoxia▪ Shock▪ AIDS▪ Hypothermia▪ Hyperthermia	<ul style="list-style-type: none">▪ Psychosis▪ Schizophrenia▪ Paranoid delusions▪ Personality disorder

RATIONALE:

Correct Answer:

- **Recent loss of her husband** - Grief and social stress is a risk factor for the development of acute agitation.

Incorrect Answers:

- **Advanced age** - Advanced age is not a risk factor for developing acute agitation.
- **Sedentary lifestyle** - Sedentary lifestyle is not a risk factor for developing acute agitation.
- **Gender** - Gender is not a risk factor for acute anxiety.

TAKEAWAY/KEY POINTS:

Risk factors for the development of acute agitation include pre-existing psychiatric conditions, substance abuse, substance withdrawal, social stressors, and grief.

REFERENCE:

[1] Wilson MP, Pepper D, Currier GW, Holloman GH, Feifel D. The psychopharmacology of agitation: consensus statement of the American Association for Emergency Psychiatry Project Beta psychopharmacology workgroup. West J Emerg Med. 2012;13(1):26-34. doi:10.5811/westjem.2011.9.6866. The correct answer is: Recent loss of her husband

Question 7

ID: 50077

Correct

Flag question

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Which of RF's medication is most likely causing her acute agitation?

Select one:

- ☐ Tiotropium/olodaterol ✖
- ☐ Sitagliptin ✖
- ☐ Amlodipine ✖
- ☒ Prednisone ✔

Rose Wang (ID: 113212) this answer is correct. Prednisone is most likely causing RF's agitation as it is newly started and is a high dose.

Correct

Marks for this submission: 1.00/1.00.

TOPIC: Acute agitation

LEARNING OBJECTIVE:

To identify medication causes of acute agitation.

BACKGROUND:

Acute agitation is defined as a "state of anxiety and restlessness that can be related to psychiatric or medical causes". Symptoms of acute agitation include:

- Anxiety
- Confusion
- Motor restlessness
- Tense posture

For the well-being and safety of patients and caregivers, patients must be treated quickly, effectively, and safely. Risk factors for the development of acute agitation include:

- Pre-existing psychiatric conditions
- Substance abuse
- Substance withdrawal
- Social stressors
- Grief

There are many medication-related causes of acute agitation. These include adverse effects of anticholinergics, opioid intoxication or withdrawal, benzodiazepine withdrawal, corticosteroids, amphetamine abuse, histamine H₂-blockers, amantadine, dopamine or dopamine agonists. Non-drug causes of acute agitation include:

Common Causes of Acute Agitation

Toxicologic	Neurologic	Medical	Psychiatric
<ul style="list-style-type: none">▪ Alcohol Intoxication or withdrawal▪ Stimulant intoxication	<ul style="list-style-type: none">▪ Stroke▪ CNS infection▪ Seizure▪ Dementia▪ Intracranial lesion	<ul style="list-style-type: none">▪ Hyperthyroidism▪ Hypoglycemia▪ Hypoxia▪ Shock▪ AIDS▪ Hypothermia▪ Hyperthermia	<ul style="list-style-type: none">▪ Psychosis▪ Schizophrenia▪ Paranoid delusions▪ Personality disorder

RATIONALE:

Correct Answer:

- **Prednisone** - Prednisone is most likely causing RF's agitation as it is newly started and is a high dose.

Incorrect Answers:

- **Tiotropium/olodaterol** - Tiotropium/olodaterol is less likely to be causing RF's agitation.
- **Sitagliptin** - Sitagliptin is not a medication cause of acute agitation unless the patient is experiencing hypoglycemia.
- **Amlodipine** - Amlodipine is not a medication cause of acute agitation.

TAKEAWAY/KEY POINTS:

There are many medication-related causes of acute agitation. These include adverse effects of anticholinergics, opioid intoxication or withdrawal, benzodiazepine withdrawal, corticosteroids, amphetamine abuse, histamine H-2 blockers, amantadine, dopamine or dopamine agonists.

REFERENCE:

[1] Wilson MP, Pepper D, Currier GW, Holloman GH, Feifel D. The psychopharmacology of agitation: consensus statement of the American Association for Emergency Psychiatry Project Beta Psychopharmacology Workgroup. West J Emerg Med. 2012;13(1):26-34. doi:10.5811/westjem.2011.9.6866.

The correct answer is: Prednisone

Question 8

ID: 50080

Correct

Flag question

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Which of RF's medical conditions could be causing her acute agitation?

Select one:

- ☐ Hypertension ✖
- ☐ Type II Diabetes ✖
- ☒ Hyperthyroidism ✔
- ☐ Anemia ✖

Rose Wang (ID:113212) this answer is correct. RF's TSH and T4 indicate she has hyperthyroidism and this can be a cause of acute agitation.

Correct

Marks for this submission: 1.00/1.00.

TOPIC: Acute Agitation

LEARNING OBJECTIVE:

To identify the medical conditions that can cause acute agitation.

BACKGROUND:

Acute agitation is defined as a "state of anxiety and restlessness that can be related to psychiatric or medical causes". Symptoms of acute agitation include:

- Anxiety
- Confusion
- Motor restlessness
- Tense posture

For the well-being and safety of patients and caregivers, patients must be treated quickly, effectively, and safely. Risk factors for the development of acute agitation include:

- Pre-existing psychiatric conditions
- Substance abuse
- Substance withdrawal
- Social stressors
- Grief

There are many medication-related causes of acute agitation. These include adverse effects of anticholinergics, opioid intoxication or withdrawal, benzodiazepine withdrawal, corticosteroids, amantadine, amphetamine abuse, histamine H2-blockers, dopamine or dopamine agonists. Non-drug causes of acute agitation include:

Common Causes of Acute Agitation

Toxicologic	Neurologic	Medical	Psychiatric
	▪ Stroke	▪ Hyperthyroidism ▪ Hypoglycemia	▪ Psychosis

- | | | | |
|--|---|---|---|
| <ul style="list-style-type: none"> Alcohol intoxication or withdrawal Stimulant intoxication | <ul style="list-style-type: none"> CNS infection Seizure Dementia Intracranial lesion | <ul style="list-style-type: none"> Hypoxia Shock AIDS Hypothermia Hyperthermia | <ul style="list-style-type: none"> Schizophrenia Paranoid delusions Personality disorder |
|--|---|---|---|

RATIONALE:

Correct Answer:

- Hyperthyroidism** - RF's TSH and T4 indicate she has hyperthyroidism and this can be a cause of acute agitation.

Incorrect Answers:

- Anemia** - RF's hemoglobin indicates her anemia is under control and anemia is not a cause of acute agitation.
- Type II Diabetes** - RF's HbA1C indicates good glycemic control, and diabetes, with the exception of hypoglycemia, does not cause acute agitation.
- Hypertension** - RF's blood pressure is not high and hypertension is not a cause of acute agitation.

TAKEAWAY/KEY POINTS:

Medical conditions that can cause acute agitation include hyperthyroidism, hypoglycemia, hypoxia, shock, AIDS, hypothermia, and hyperthermia.

REFERENCE

[1] Wilson MP, Pepper D, Currier GW, Holloman GH, Feifel D. The psychopharmacology of agitation: consensus statement of the American Association for Emergency Psychiatry Project Beta Psychopharmacology Workgroup. *West J Emerg Med.* 2012;13(1):26-34. doi:10.5811/westjem.2011.9.6866.

The correct answer is: Hyperthyroidism

Question 9

ID: 21834

Correct

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What is an appropriate treatment for RF's acute agitation?

Select one:

☒ Treating hyperthyroidism

Rose Wang (ID:113212) this answer is correct. Treating RF's underlying hyperthyroidism is an important first step in helping to improve her acute agitation.

☐ Citalopram

☐ Cognitive behavioural therapy

☐ Prednisone tapering schedule

Correct

Marks for this submission: 1.00/1.00.

TOPIC: Acute Agitation

LEARNING OBJECTIVE:

To understand the treatments of acute agitation.

BACKGROUND:

Acute agitation is defined as a "state of anxiety and restlessness that can be related to psychiatric or medical causes". Symptoms of acute agitation include:

- Anxiety
- Confusion
- Motor restlessness
- Tense posture

For the well-being and safety of patients and caregivers, patients must be treated quickly, effectively, and safely. Risk factors for the development of acute agitation include:

- Pre-existing psychiatric conditions
- Substance abuse
- Substance withdrawal
- Social stressors
- Grief

There are many medication-related causes of acute agitation. These include adverse effects of

There are many medication-related causes of acute agitation. These include adverse effects of anticholinergics, opioid intoxication or withdrawal, benzodiazepine withdrawal, corticosteroids, amantadine, amphetamine abuse, histamine H2-blockers, dopamine or dopamine agonists. Non-drug causes of acute agitation include:

Common Causes of Acute Agitation

Toxicologic	Neurologic	Medical	Psychiatric
<ul style="list-style-type: none"> Alcohol intoxication or withdrawal Stimulant intoxication 	<ul style="list-style-type: none"> Stroke CNS infection Seizure Dementia Intracranial lesion 	<ul style="list-style-type: none"> Hyperthyroidism Hypoglycemia Hypoxia Shock AIDS Hypothermia Hyperthermia 	<ul style="list-style-type: none"> Psychosis Schizophrenia Paranoid delusions Personality disorder

It is important to determine the underlying cause and treat that first, where possible. Non-pharmacological therapy to help calm the patient focuses on verbal de-escalation by respecting their space, using simple language, speaking in a calm environment, and assuring them that they are in a safe environment.

RATIONALE:

Correct Answer:

(Option #1): Treating RF's underlying hyperthyroidism is an important first step in helping to improve her acute agitation.

Incorrect Answers:

(Option #2): Since RF's acute agitation may be due to an underlying medical condition, the most appropriate treatment is to treat the medical condition.

(Option #3): Cognitive behavioural therapy is not an appropriate treatment of acute agitation.

(Option #4): Although stopping prednisone may improve RF's acute agitation, she does not require a tapering dose since she was only on 50 mg for 4 days.

TAKEAWAY/KEY POINTS:

It is important to determine the underlying cause and treat that first, where possible. After treating the underlying cause, non-pharmacological therapy can be used. Medical conditions that can cause acute agitation include hyperthyroidism, hypoglycemia, hypoxia, shock, AIDS, hypothermia, and hyperthermia.

REFERENCE:

[1] Wilson MP, Pepper D, Currier GW, Holloman GH, Feifel D. The psychopharmacology of agitation: consensus statement of the american association for emergency psychiatry project Beta psychopharmacology workgroup. West J Emerg Med. 2012;13(1):26-34. doi:10.5811/westjem.2011.9.6866.

The correct answer is: Treating hyperthyroidism

Question 10

ID: 50087

Incorrect

Flag question

Send Feedback

One week later RF returns to your clinic with her daughter. RF's daughter explains that her mother's symptoms have improved; however, they are not completely resolved. RF's prednisone has been stopped and her hyperthyroidism has been successfully treated. RF's daughter would like to know if there are any treatments for RF's acute agitation.

What is an appropriate treatment recommendation for RF?

Select one:

- ☒ Verbal de-escalation ✓
- ☐ Loxapine ✗
- ☐ Midazolam ✗
- ☐ Olanzapine ✗

Rose Wang (ID:113212) this answer is incorrect. Non-pharmacological treatments such as verbal de-escalation should be tried before pharmacological treatments for acute agitation.

Incorrect

Marks for this submission: 0.00/1.00.

TOPIC: Acute Agitation

LEARNING OBJECTIVE:

To understand the treatments of acute agitation.

BACKGROUND:

Acute agitation is defined as a "state of anxiety and restlessness that can be related to psychiatric or medical

Acute agitation is defined as a "state of anxiety and restlessness that can be related to psychiatric or medical causes". Symptoms of acute agitation include:

- Anxiety
- Confusion
- Motor restlessness
- Tense posture

Non-pharmacological therapy is the mainstay of therapy. It focuses on verbal de-escalation by respecting patients' space, using simple language, speaking in a calm environment, and assuring them that they are in a safe environment. Pharmacological therapy includes three main medication classes; benzodiazepines, first-generation antipsychotics, and second-generation antipsychotics.

RATIONALE:

Correct Answer:

- **Verbal de-escalation** - Verbal de-escalation is the mainstay of treatment for acute agitation.

Incorrect Answers:

- **Loxapine** - Non-pharmacological treatments such as verbal de-escalation should be tried before pharmacological treatments for acute agitation.
- **Midazolam** - Non-pharmacological treatments such as verbal de-escalation should be tried before pharmacological treatments for acute agitation.
- **Olanzapine** - Non-pharmacological treatments such as verbal de-escalation should be tried before pharmacological treatments for acute agitation.

TAKEAWAY/KEY POINTS:

The first step in treating acute agitation is treating the underlying cause if there is one. After treating the underlying cause, non-pharmacological therapy can be used.

REFERENCE:

[1] Wilson MP, Pepper D, Currier GW, Holloman GH, Feifel D. The psychopharmacology of agitation: consensus statement of the American Association for Emergency Psychiatry Project Beta Psychopharmacology Workgroup. West J Emerg Med. 2012;13(1):25-34. doi:10.5811/westjem.2011.9.6866.

The correct answer is: Verbal de-escalation

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